

PART B - FEE(S) TRANSMITTAL

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7590 10/15/2002

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James V. Costigan	(Depositor's name)
<i>James V. Costigan</i>	(Signature)
January 15, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/470,467	12/22/1999	ROBERT F. MARGOLSKIE	AP-32225-070	6178

TITLE OF INVENTION: INHIBITORS OF THE BITTER TASTE RESPONSE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	01/15/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DAMERON LEVEST	1616	424-009200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hedman & Costigan, P.C.

2 _____

3 _____

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mount Sinai School of Medicine
of New York University

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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(Authorized Signature) <i>[Signature]</i>	(Date) <u>January 15, 2003</u>
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02 FC:8001 30.00 CH

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